



# Appendix to the Memorandum Regarding Updates on SF City Option Escheatment and Outreach Dated June 23, 2022





# 1. New Logos, Branding & Website



**SFCityOption**  
THE EMPLOYER'S HEALTH CARE CHOICE



**SFMRA**  
YOUR ACCOUNT FOR HEALTH COSTS

<https://sfcityoption.org/sfmra/>



## 2. Samples of Updated Collateral

# 2.1. Payment Confirmation – Old vs. New



**SF CityOption**  
THE EMPLOYER'S HEALTH CARE CHOICE



## Health Care Payment Confirmation

**Congratulations!** Your employer has elected to comply with the San Francisco health care laws by making a payment to SF City Option so that you can access an SF Medical Reimbursement Account (SF MRA).



An SF MRA is a health care account that can be used to get repaid for eligible health care expenses. It can be used by you, your spouse or domestic partner, and your dependents. Eligible expenses include medical, dental, vision, and wellness expenses.

For more information, visit [sfcityoption.org](http://sfcityoption.org)

### WATCH FOR YOUR WELCOME LETTER IN THE MAIL

You are not yet enrolled in an SF MRA. SF City Option will mail you instructions on what you need to do to start the enrollment process.

If you don't receive a welcome letter within the next few weeks or have program questions, call Customer Service at **1(877) 772-0415**.

The San Francisco Health Care Security Ordinance (HCSO) and the Healthy Airport Ordinance (HAO) require your employer to make health care expenditures on your behalf. For more information about these San Francisco laws, visit: [sfgov.org/olse](http://sfgov.org/olse).

Este aviso esta disponible en Español en [sfcityoption.org/es](http://sfcityoption.org/es)  
這份中文通告可以在以下 網頁獲得: [sfcityoption.org/zh](http://sfcityoption.org/zh)  
Ang paunawang ito ay magagamit sa Tagalog [sfcityoption.org](http://sfcityoption.org)

### Instructions for Employers:

Fill out the section below and give this notice to the employee after your first payment to SF City Option on the employee's behalf. SF City Option will provide you confirmation of your payment. Give your employees this notice after you receive payment confirmation from SF City Option.

Business Name: \_\_\_\_\_

Payment Clearance Date: \_\_\_\_\_

332002 0021



**SF CityOption**  
THE EMPLOYER'S HEALTH CARE CHOICE

## Health Care Payment Confirmation

### Your Employer Has Deposited Money to SF City Option

**Congratulations!** Your employer has chosen to comply with the San Francisco health care laws by making a payment to SF City Option so that you can access an SF Medical Reimbursement Account (SF MRA).

### Your Next Step Is to Enroll in SF MRA

Watch for your SF City Option Welcome Letter in the mail. This letter will include enrollment instructions. Once you're enrolled, you can get reimbursed for eligible expenses.

If you don't receive the welcome letter within the next few weeks or you have questions, call Customer Service at **1(877) 772-0415** or email us at [info@sfcityoption.org](mailto:info@sfcityoption.org).



Enroll now at  
[sfcityoption.org/enroll](http://sfcityoption.org/enroll)

### Get Reimbursed for a Wide Range of Expenses

SF MRA provides reimbursement for health services and products including:

- Insurance premiums
- Doctor visits
- Dietary supplements
- General health expenses
- Vision and dental expenses

For the full list of eligible expenses visit [sfmra.org/eligibleexpenses](http://sfmra.org/eligibleexpenses).

The San Francisco Health Care Security Ordinance (HCSO) and the Healthy Airport Ordinance (HAO) require your employer to make health care expenditures on your behalf. For more information about these San Francisco laws, visit: [sfgov.org/olse](http://sfgov.org/olse).

### Instructions for Employees:

Fill out the section below and give this notice to the employee after your first payment to SF City Option on the employee's behalf. SF City Option will provide you confirmation of your payment. Give your employees this notice after you receive payment confirmation from SF City Option.

Business Name: \_\_\_\_\_ Payment Clearance Date: \_\_\_\_\_

301202 0022



### What Is SF MRA?

You can use the money in your SF MRA to get reimbursed for eligible health and wellness expenses. Your spouse, domestic partner, or any dependents have access to this money through your account. The goal of SF MRA is to help you achieve and maintain your best health and wellness. For more information visit, [sfmra.org](http://sfmra.org)




**SF MRA**  
YOUR ACCOUNT FOR HEALTH COSTS


## 2.2. SFCO Welcome Letter – Old vs. New



**SFCityOption**  
THE EMPLOYER'S HEALTH CARE CHOICE



City and County of San Francisco  
Department of Public Health



**SFCityOption**  
THE EMPLOYER'S HEALTH CARE CHOICE



«First Name» «Last Name»  
«Address Line 1»  
«Address Line 2»  
«City», «State» «Zip Code»



**Make sure you  
complete your SF MRA  
Enrollment Form!**


[sfcityoption.org/enroll](https://sfcityoption.org/enroll)

**SF MRA**  
YOUR ACCOUNT FOR HEALTH CARE

An SF MRA is a health care account that can be used to get repaid for eligible health care expenses. It can be used by you, your spouse or domestic partner, and your dependents. Eligible expenses include medical, dental, vision, and wellness expenses.

Ver última página para español.  
請參閱最後一頁的中文。  
Tingnan ang huling pahina para sa Tagalog.

**For questions about SF City Option**  
Call Customer Service Monday through Friday, 8:30am to 5:30pm Pacific Time. **1(877) 772-0415**



**SFCityOption**  
THE EMPLOYER'S HEALTH CARE CHOICE

«First Name» «Last Name»  
«Address Line 1»  
«Address Line 2»  
«City», «State» «Zip Code»



**SF MRA**  
YOUR ACCOUNT FOR HEALTH CARE

#### Enroll Now!

Discover how SF MRA can positively impact your health and the health of your spouse, domestic partner, and dependents.

[sfcityoption.org/enroll](https://sfcityoption.org/enroll)

Ver última página para español.  
請參閱最後一頁的中文。  
Tingnan ang huling pahina para sa Tagalog.

**For questions about SF City Option**  
Call Customer Service Monday through Friday, 8:30am to 5:30pm Pacific Time. **1(877) 772-0415**



@sanfranciscocityoption



@sfcityoption



# 2.3. SF MRA Welcome Letter – Old vs. New



**SF CityOption**  
THE EMPLOYER'S HEALTH CARE CHOICE



**Questions? Contact Us**  
1(866) 697-6078,  
Monday-Friday,  
5:00am-5:00pm Pacific Time  
[mymra.wageworks.com](http://mymra.wageworks.com)

## Congratulations! You're Enrolled in SF MRA

<<First Name>> <<Last Name>>  
<<AddressLine1>> <<AddressLine2>>  
<<City>>, <<State>> <<Zipcode>>

Vea el reverso para obtener información en español acerca de la MRA.

請參閱背面的中文 MRA 資訊。

Pakitingnan sa likod ang impormasyon tungkol sa MRA sa Tagalog.



Dear <<First Name>> <<Last Name>>:

You are enrolled in the SF Medical Reimbursement Account (SF MRA) program. Any money that your employer sends to SF City Option will now be deposited into your SF MRA. You can use the funds in your SF MRA for your and your family's eligible health expenses.

Here's a summary of new deposits into your account(s) as of <<Current Date>>:

Account Number	Account Effective Date (Get reimbursed for eligible health care expenses received or health care items purchased on or after the effective date)	Employer	Deposit Amount
<<Account1>>	<<MRAEffectiveDate1>>	<<Employer Name1>>	\$<<Deposit1>>
<<Account2>>	<<MRAEffectiveDate2>>	<<Employer Name2>>	\$<<Deposit2>>
<<Account3>>	<<MRAEffectiveDate3>>	<<Employer Name3>>	\$<<Deposit3>>

You have one SF MRA for each employer who made payments to SF City Option for you. Each SF MRA has its own account number. Use the unique account number when you submit claims or speak to Customer Service about the account.

### What You Can Do Next

#### Start Spending the Funds in Your SF MRA

Funds are already available for you to spend. We included an SF MRA Handbook and Claim Form to help you get started using your account. For more information about SF MRA, visit: [sfcityoption.org](http://sfcityoption.org).

**Keep your account active** by filing at least one claim every 24 months. SF City Option will close the account if you make no claims or your employer makes no deposits after 24 months. If your SF MRA is closed and you want it re-opened, call 1(415) 615-5720 and we'll add the SF MRA funds back.

- **Set Up an Online Account** If you're interested in setting up an online account to view account activity and submit claims, go to [mymra.wageworks.com](http://mymra.wageworks.com) and follow the account registration instructions. If you have more than one SF MRA, you'll need to set up a separate online account for each SF MRA.
- **Keep in Touch** If your contact information or health insurance status changes, call 1(415) 615-5720 so our program can update your information and see if you qualify for other health coverage programs.

### Program Fees

- **WageWorks** is the company that provides claims processing and other services for the SF MRA program. A \$2.75 WageWorks administrative fee is subtracted from your SF MRA each month, whether or not you use the account.
- **We send SF MRA Statements** up to 4 times per year to let you know your account balance. There is a fee of \$1.00 subtracted from your SF MRA for each paper SF MRA Statement mailed to you.

**Open an online account** if you want online statements only. You will not have to pay SF MRA Statement fees.

If you have account or claims questions about your SF MRA, please call Customer Service at 1(866) 697-6078, Monday through Friday, 5:00am to 5:00pm Pacific Time.

Sincerely, **SF MRA Customer Service**

115923A 0718



**SFMRA**  
YOUR ACCOUNT FOR HEALTH COSTS

## WELCOME! You Are Now Enrolled in SF MRA

<<First Name>> <<Last Name>>  
<<AddressLine1>> <<AddressLine2>>  
<<City>>, <<State>> <<Zipcode>>

Ver última página para español.  
請參閱最後一頁的中文。  
Tingnan ang huling pahina para sa Tagalog.

Dear <<First Name>> <<Last Name>>:

You are now enrolled in SF MRA. Your employer has deposited funds you can use to get reimbursed for eligible health and wellness expenses. Here is a summary of new deposits into your account.

### Your Deposit Summary

Account Number 賬戶號碼	Effective Date 生效日期	Employer 僱主	Deposit Date 存款日期	Deposit Amount 存款金額
<<Account Number>>	<<Effective Date>>	<<Employer Name>>	<<Deposit Date>>	\$<<Balance>>
<<Account Number>>	<<Effective Date>>	<<Employer Name>>	<<Deposit Date>>	\$<<Balance>>
<<Account Number>>	<<Effective Date>>	<<Employer Name>>	<<Deposit Date>>	\$<<Balance>>
<<Account Number>>	<<Effective Date>>	<<Employer Name>>	<<Deposit Date>>	\$<<Balance>>
<<Account Number>>	<<Effective Date>>	<<Employer Name>>	<<Deposit Date>>	\$<<Balance>>

Get reimbursed for eligible health care expenses received and health items purchased on or after the effective date.

Use your account number when you submit claims. Your SF MRA account number is your Social Security Number (SSN) or a unique ID starting with 777\*\*\*\*\* given to you by SF City Option. Call SF City Option Customer Service at 1(877) 772-0415 if you have any questions about your account number.

### Get Reimbursed for a Wide Range of Health and Wellness Expenses

The enclosed handbook lists the eligible expenses and provides additional program information. You also received a Claim Form you can use to submit claims.

### Set Up Your Account Online

You can file reimbursement claims and get account information by mail or online. To set up your account online, please visit [sfmra.org/onlineaccount](http://sfmra.org/onlineaccount) and follow the directions there.

### Keep Your Account Active

Keep your account active by filing at least one claim every 24 months. SF City Option will close your account if you do not submit a claim or your employer does not make a payment in over 24 months. If your SF MRA is closed and you want it re-opened, call SF City Option Customer Service at 1(877) 772-0415 or email [info@sfcityoption.org](mailto:info@sfcityoption.org). We'll add the funds back into your account.

### Fees and Statements

Our partner, HealthEquity/Wageworks handles claims processing and other services for SF MRA. A \$3.15 HealthEquity/Wageworks administrative fee is subtracted from your SF MRA each month, whether or not you use the account. You'll receive an SF MRA statement up to four times per year to let you know your account balance.



### About Your SF MRA

SF MRA gives you access to funds so you can get reimbursed for health insurance and other health and wellness expenses. SF MRA can help you achieve and maintain your best health and wellness without worrying about how you're going to afford these key expenses. Your spouse, domestic partner, and dependents can also be reimbursed through your account.

Scan this QR code to see the full list of covered expenses and services.



### For questions about SF MRA

Call SF City Option Customer Service Monday – Friday, 8:30am to 5:30pm Pacific Time.

1(877) 772-0415 | [sfmra.org](http://sfmra.org)

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@sfcityoption

## 2.4. SF MRA Handbook – Old vs. New




**SF CityOption**  
THE EMPLOYER'S HEALTH CARE CHOICE



# 2.5. SF MRA Statement – Old vs. New

### SF MRA STATEMENT

Account Activity Summary



YOUR ACCOUNT FOR HEALTH COSTS

Dear <<FirstName>> <<LastName>>:

Good news! Your SF Medical Reimbursement Account (SF MRA) quarterly statement is ready to view. These funds are yours to use any time to cover eligible health care expenses for you and your family.

Get reimbursed for eligible health care expenses today. Learn how in the "4 Ways to File SF MRA Claims" section below.

<<FirstName>> <<LastName>>  
<<AddressLine1>> <<AddressLine2>>  
<<City>>, <<State>> <<Zipcode>>

#### Your Account Summary

Report as of <<Report As Of Date>>

You have one SF MRA for each employer who has made SF MRA deposits. Each SF MRA has its own account number.

Use the unique account number when you submit claims or speak to Customer Service.

Employer	Numero de cuenta	Fecha de entrada en vigencia	Depositos totales y ajustes	Reclamos totales pagados	Cuentas totales pagadas	Saldo actual
Employer	Numero de Cuenta	Fecha de Pagamento en el MRA	Kabuuang Deposito at mga Pag-Adjust	Kabuuang Claim na Subang	Kabuuang Brangpan sa Programa	Kabuuang Balance
Employer Identification	Account Number	Account Effective Date	Total Deposits & Adjustments	Total Claims Paid	Total Fees Paid	Current Balance
<<Employer 1>>	<<Account1>>	<<MRAEffectiveDate1>>	<<Deposit1>>	<<Claims1>>	<<Fees1>>	<<Balance1>>
<<Employer 2>>	<<Account2>>	<<MRAEffectiveDate2>>	<<Deposit2>>	<<Claims2>>	<<Fees2>>	<<Balance2>>
<<Employer 3>>	<<Account3>>	<<MRAEffectiveDate3>>	<<Deposit3>>	<<Claims3>>	<<Fees3>>	<<Balance3>>
<<Employer 4>>	<<Account4>>	<<MRAEffectiveDate4>>	<<Deposit4>>	<<Claims4>>	<<Fees4>>	<<Balance4>>
<<Employer 5>>	<<Account5>>	<<MRAEffectiveDate5>>	<<Deposit5>>	<<Claims5>>	<<Fees5>>	<<Balance5>>

#### Use Your Available Funds

You can use your available funds to pay for eligible health care services received or health care items purchased by you, your spouse or domestic partner, and your children or dependents.

#### Keep Your Account Active

File at least one claim for eligible health care expenses every 24 months. SF City Option will temporarily close your account(s) if you don't submit a claim for reimbursement after 24 months.

#### Set Up an Online Account

If you're interested in setting up an online account to view your activity and submit claims, go to [myfra.wageworks.com](http://myfra.wageworks.com) and follow the account registration instructions.

If you have more than one SF MRA, you will need to set up a separate online account for each SF MRA.

#### Program Fees

WageWorks is the company that provides claims processing and other services for the SF MRA program. A \$2.75 WageWorks administrative fee is subtracted from your SF MRA each month, whether or not you use the account.

#### Eligible Expenses

Visit [sfcityoption.org](http://sfcityoption.org) to view a detailed list of eligible expenses.

- Over the Counter Drugs
- Dental Services
- Medical Services
- Vision Services
- Medical Equipment
- Lab Exams/Tests

Ver otro lado para español.

請參閱背面的中文。

Tingnan ang palalik na pahina para sa Tagalog.

#### For questions about your SF MRA

Call Customer Service Monday through Friday, 9:00am to 5:00pm Pacific Standard Time. **1(866) 697-6078**



SFMRA  
YOUR ACCOUNT FOR HEALTH COSTS

### San Francisco Medical Reimbursement Account (SF MRA) Statement

Dear <<FirstName>> <<LastName>>:

Your SF Medical Reimbursement Account (SF MRA) quarterly statement is below. Use this money to get reimbursed for eligible health care expenses. You can also get reimbursed for eligible expenses from your spouse and dependents. You'll find reimbursement and other program information below.

<<FirstName>> <<LastName>>  
<<AddressLine1>> <<AddressLine2>>  
<<City>>, <<State>> <<Zipcode>>

Ver última página para español.  
請參閱最後一頁的中文。  
Tingnan ang huling pahina para sa Tagalog.

#### Your Account Summary

Report As Of	Account Number	Account Effective Date	Total Deposits & Adjustments	Total Claims Paid	Total Fees Paid	Current Balance
Report as of Date	Account Number	Account Effective Date	Total Deposits & Adjustments	Total Claims Paid	Total Fees Paid	Current Balance
<<ReportDate>>	<<Account1>>	<<EffectiveDate1>>	<<Deposit1>>	<<Claims1>>	<<Fees1>>	<<Balance1>>

Your SF MRA account number is your Social Security Number (SSN) or a unique ID starting with 777\*\*\*\*\* given to you by SF City Option. Use the account number when you submit claims. Call SF City Option Customer Service at 1(877) 772-0415 if you have any questions about your account number.

#### Use Your Available Funds and Keep Your Account Active

The goal of SF MRA is to help you achieve and maintain your best health. To keep your account active, make sure you file at least one reimbursement claim for eligible health care expenses every 24 months.

#### Set Up an Online Account

Benefit from the convenience of setting up an online account. To set up this account, visit [sfmra.org/onlineaccount](http://sfmra.org/onlineaccount) and follow the account registration instructions.

#### There Are 4 Ways to Get Reimbursed

##### ONLINE

Register with our partner, HealthEquity/WageWorks at [sfmra.org/onlineaccount](http://sfmra.org/onlineaccount).

- Log in to your HealthEquity/WageWorks account
- Complete your claim form online and upload your receipt or invoice online

##### MOBILE APP

Download the free "WageWorks EZ Receipts" app from the Google Play Store or Apple App Store.

- Complete the claim form on the app
- Upload images of your receipts or invoices
- Click on "Submit Claim" to send your claim

##### MAIL

- Get receipts or invoices for your eligible expenses
- Complete a claim form and sign the form
- Mail your completed claim form and receipt(s) to the address on the form

##### FAX

- Get receipts or invoices for your eligible expenses
- Complete a claim form and sign the form
- Fax your completed claim form and receipt(s) to: 1(866) 599-3058

If your claim is approved, you'll receive payment by check. If you are enrolled in direct deposit, your funds will be available in your bank account in 3-5 business days.

Money from your SF MRA can be used for a wide range of health and wellness expenses. For a full list of eligible expenses, visit [sfmra.org/eligibleexpenses](http://sfmra.org/eligibleexpenses) or scan this QR code.

#### For questions about SF MRA

Call SF City Option Customer Service Monday – Friday, 8:30am to 5:30pm Pacific Time.  
**1(877) 772-0415 | [sfmra.org](http://sfmra.org)**



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